



FUND DISBURSEMENT AUTHORIZATION FORM

The _____ Fund Advisory Committee authorizes the following individual(s) to request disbursements from this Fund (at least two but no more than four individuals must be listed):

Name of person authorized

Signature

Name of person authorized

Signature

Name of person authorized

Signature

Name of person authorized

Signature

Disbursements from the above-referenced fund in excess of \$1,500 per request require the signatures of two of the authorized individuals.

We authorize the above-named individuals to request disbursements from this Fund.

Fund Advisory Committee
Chair

Fund Advisory Committee
Secretary or Treasurer

Date _____